



PTO/SB/21 (02-04)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

| | |
|------------------------|-----------------------|
| Application Number | 09/783,163 |
| Filing Date | February 13, 2001 |
| First Named Inventor | Akira Kagami |
| Art Unit | 2154 |
| Examiner Name | Siddiqi, Mohammad |
| Attorney Docket Number | 36992.00067 (HAL 157) |

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Total Number of Pages in This Submission

N/A

ENCLOSURES (check all that apply)☒ Fee Transmittal Form (in duplicate)☐ Fee Attached☐ Amendment / Reply☐ After Final☐ Affidavits/declaration(s)☒ Return Postcard☐ Express Abandonment Request☒ Information Disclosure Statement
(2 pages)☒ PTO Form 1449 (1 page)☐ Response to Missing Parts/
Incomplete Application☐ Response to Missing
Parts under 37 CFR
1.52 or 1.53☐ Drawing(s)☐ Licensing-related Papers☐ Petition☐ Petition to Convert to a
Provisional Application☐ Power of Attorney, Revocation
Change of Correspondence Address☐ Terminal Disclaimer☐ Request for Refund☐ CD, Number of CD(s) _____☐ After Allowance Communication to
Group☐ Appeal Communication to Board of
Appeals and Interferences☐ Appeal Communication to Group
(Appeal Notice, Brief, Reply Brief)☐ Proprietary Information☐ Status Letter☒ Other Enclosure(s)
(please identify below):**28 References**

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENTFirm
or
Individual nameMarc A. Sockol, Reg. No. 40,823
Squire, Sanders & Dempsey L.L.P.
600 Hansen Way
Palo Alto, CA 94304-1043

Signature

Date

May 20, 2004

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Typed or printed name

Sandy Yi

Signature

Date

May 20, 2004

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FREE TRANSMITTAL
for FY 2004
Effective 10/03/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 180

Complete if Known

Application Number 09/783,163

Filing Date February 13, 2001

First Named Inventor Akira Kagami

Examiner Name Siddiqi, Mohammad A.

Art Unit 2154

Attorney Docket No. 36992.00067 (HAL 157)

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METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money ☐ Other ☐ None
Order

☒ Deposit Account:

Deposit Account Number 05-0150

Deposit Account Name Squire, Sanders & Dempsey L.L.P.

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

| Large Entity | Small Entity |
|-----------------|--------------|
| Fee Code | Fee Code |
| Fee (\$) | Fee (\$) |
| Fee Description | Fee Paid |
| 1001 770 | 2001 385 |
| 1002 340 | 2002 170 |
| 1003 530 | 2003 265 |
| 1004 770 | 2004 385 |
| 1005 160 | 2005 80 |

UTILITY FILING FEE

DESIGN FILING FEE

PLANT FILING FEE

REISSUE FILING FEE

PROVISIONAL FILING FEE

SUBTOTAL (1) (\$) 0

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims 24 -27 ** = 0 X Fee from below = 0

Independent Claims 9 -9 ** = 0 X Fee from below = 0

Multiple Dependent X Fee from below = 0

| Large Entity | Small Entity |
|-----------------|--------------|
| Fee Code | Fee Code |
| Fee (\$) | Fee (\$) |
| Fee Description | Fee Paid |
| 1202 18 | 2202 9 |
| 1201 86 | 2201 43 |
| 1203 290 | 2203 145 |
| 1204 86 | 2204 43 |
| 1205 18 | 2205 9 |

CLAIMS IN EXCESS OF 20

INDEPENDENT CLAIMS IN EXCESS OF 3

MULTIPLE DEPENDENT CLAIM, IF NOT PAID

**** REISSUE INDEPENDENT CLAIMS OVER ORIGINAL PATENT**

**** REISSUE CLAIMS IN EXCESS OF 20 AND OVER ORIGINAL PATENT**

SUBTOTAL (2) (\$) 0

FEE CALCULATION (continued)

3. ADDITIONAL FEES

| Large Entity | Small Entity |
|-----------------|--------------|
| Fee Code | Fee Code |
| Fee (\$) | Fee (\$) |
| Fee Description | Fee Paid |
| 1051 130 | 2051 65 |
| 1052 50 | 2052 25 |
| 1053 130 | 1053 130 |
| 1812 2,520 | 1812 2,520 |
| 1804 920* | 1804 920* |
| 1805 1,840* | 1805 1,840* |
| 1251 110 | 2251 55 |
| 1252 420 | 2252 210 |
| 1253 950 | 2253 475 |
| 1254 1,480 | 2254 740 |
| 1255 2,010 | 2255 1,005 |
| 1401 330 | 2401 165 |
| 1402 330 | 2402 165 |
| 1403 290 | 2403 145 |
| 1451 1,510 | 1451 1,510 |
| 1452 110 | 2452 55 |
| 1453 1,330 | 2453 665 |
| 1501 1,330 | 2501 665 |
| 1502 480 | 2502 240 |
| 1503 640 | 2503 320 |
| 1460 130 | 1460 130 |
| 1807 50 | 1807 50 |
| 1806 180 | 1806 180 |
| 8021 40 | 8021 40 |
| 1809 770 | 2809 385 |
| 1810 770 | 2810 385 |
| 1801 770 | 2801 385 |
| 1802 900 | 1802 900 |

Other fee (specify) _____

***Reduced by Basic Filing Fee Paid**

SUBTOTAL (3) (\$) 180

SUBMITTED BY

Name (Print/Type) Marc A. Sockol

Registration No. (Attorney/Agent) 40,823

Telephone 650.856.6500

Signature [Signature]

Date May 20, 2004

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